

# Gloucestershire Vaccine Equity Programme

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Identify low uptake in group or community



Understand cause of lower uptake

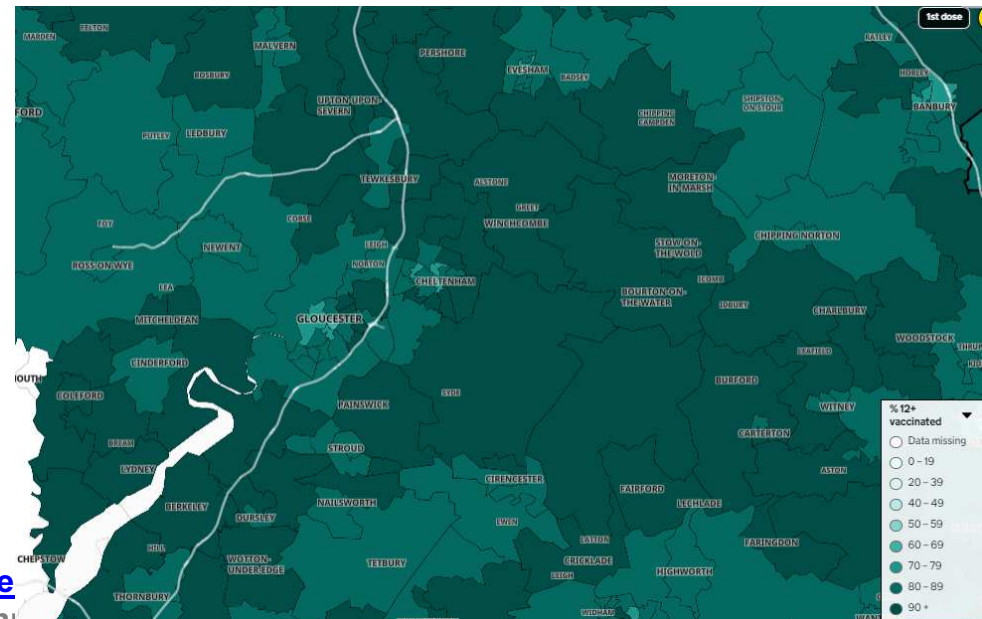
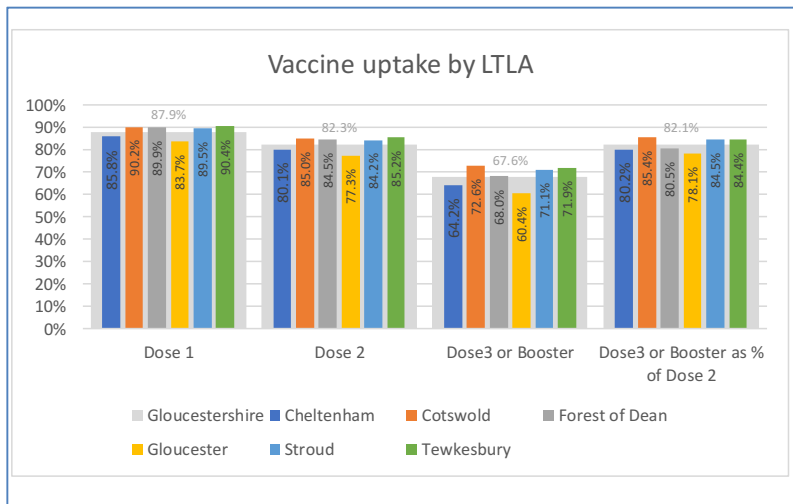
Confidence

Convenience

Complacency



Design and implement approaches to increase uptake, in partnership

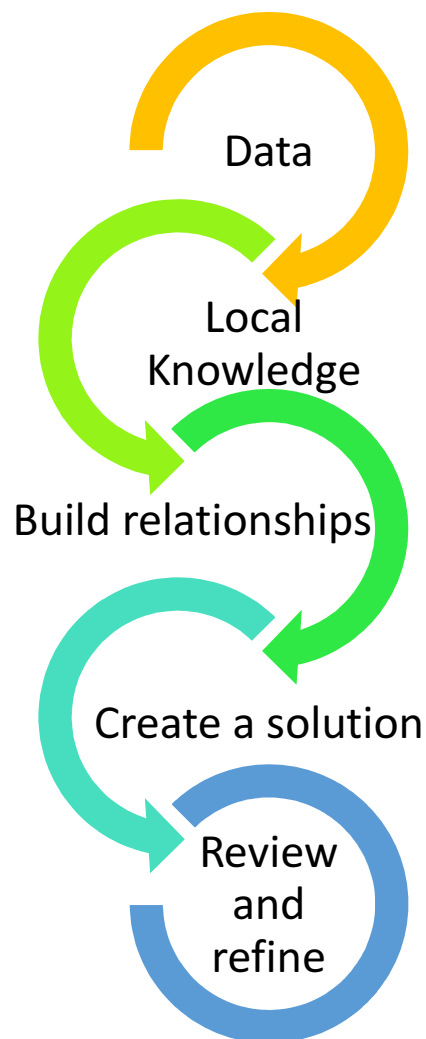


Source: <https://coronavirus.data.gov.uk/details/interactive>  
% of people age 12+ vaccinated up to and including 4 January 2022

Vaccine Equity  
Group (est.  
January 2021)

Engagement  
and  
communication

Outreach  
delivery



**What does the data tell us?** Does it 'feel' right?  
Does it fit with regional/national patterns?

**Sense check the data with local knowledge**  
Identifying the community connections and networks.

**Test and challenge our assumptions and biases.**  
Gather intelligence, listen to understand.

**Co-design a solution** with community leaders/individuals & services. Reasonable adjustments/bespoke delivery.

**Continuously learning** Range of models, Use feedback from individuals/ communities & staff.

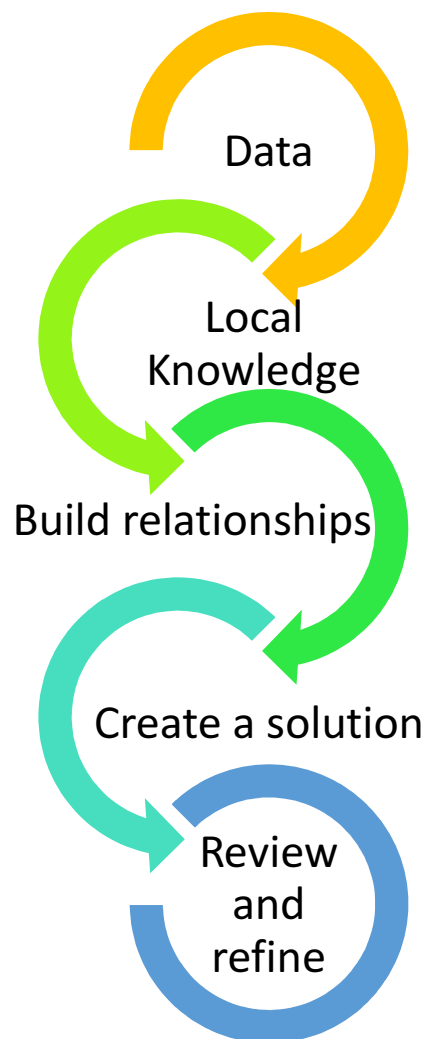
## Examples of our approach:

- On-line survey to gain understanding of vaccine hesitancy, in partnership with Healthwatch Gloucestershire, VCS Alliance & Inclusion Gloucestershire - >900 responses
- Vaccine information: translated in the nine most commonly spoken languages in Gloucestershire
- Work with community leaders/networks: videos, local radio, FAQs
- Social media
  - advertising targeting postcodes with high numbers of people from ethnic minorities
  - Facebook Live/WhatsApp groups
- Drop-in/Community Clinics – Friendship Café drop-in Bengali Community at the Mosque, GARAS, Shelters/Hostels, Young Gloucestershire, Nelson Trust, Carven

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## Community Outreach: Vaccination Programme

- Ongoing engagement with community leaders/networks to hold pop-up clinics in key areas with low vaccine uptake
- Resources including posters/social media in top 9 languages & BSL
- Actively championing vaccination programme & outreach in the community (over 500 people vaccinated - 25% 1<sup>st</sup> doses, 28 clinics held and more planned)
- GHC Mass Vaccs – inpatients, housebound, MH & LD, Waterwells, asylum seekers, HHC and 12-15-year-old Schools' Programme



## Case Study: Kingsway Community Centre

- GHC pop-up clinic with the military 28/12/22
- Advertised through social media, 95 people vaccinated, 15 (16%) 1<sup>st</sup> doses, 11 12-15-year-olds
- *‘How can I ask my kids to do something I haven’t done, so we’ve come as a family to get our jabs’ – family of 3 1<sup>st</sup> doses*
- *‘I moved to Gloucester a few months ago and not registered with a GP yet. Didn’t think I was able to get a jab if I was not registered with a GP. Heard about the clinic on Facebook, so thought I would come and ask if you could give me a vaccine’  
- M 24 years-old*

## Key elements for success

- More than just data. Data is only the starting point.
- Use local knowledge/engagement networks to build trust & understanding.
- Relationships with community leaders and champions are vital.
- Networking/cascading information through community contacts (Social Media, WhatsApp groups, posters in local amenities)
- Ability to be flexible and responsive: reasons for low uptake are complex and varied.
- Understanding what is important to individuals and communities is key for motivation
- Safe, accessible and familiar spaces, community endorsement increases uptake.
- Co-design the solution with communities, proportionate to need
- Highly skilled vaccinators and the art of persuasion.